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FACSIMILE COVER SHEET

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TOTAL NUMBER OF PAGES BEING SENT (INCLUDING COVER SHEET): 25

☐ Original documents to follow by mail

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DATE: March 31, 2004

TO: Examiner Mark Hellner
Group Art Unit 3663

FAX #: 703-872-9306

PHONE #: 703-306-4155

Application No.: 10/027,906
Applicant: BI et al.
Due Date: March 31, 2004

NEW REF.: 3275.07US01

FROM: Peter S. Dardi, Ph.D.
PHONE #: (612) 349-5746

Attached please find the following document for filing in the above-identified patent application:

- 1) Amendment Transmittal – 2 pages; and
- 2) Amendment in response to Office Action dated December 31, 2003 – 22 pages.

Sincerely,

Peter S. Dardi

Peter S. Dardi, Ph.D.
Reg. No. 39,650

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office. Fax No. 703-872-9306 on the date shown below thereby constituting filing of same.

March 31, 2004
Date

Peter S. Dardi
Peter S. Dardi

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Attorney Docket No. 3275.07US01

AMENDMENT TRANSMITTAL

In re the application of:

Bi et al.

Confirmation No.: 9919

Application No.: 10/027,906

Examiner: M. Hellner

Filed: December 21, 2001

Group Art Unit: 3663

For: THREE DIMENSIONAL ENGINEERING OF PLANAR OPTICAL STRUCTURES

Mail Stop Non-Fee Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Enclosed are:

- ☒ Amendment (22 pages).
☐ Petition for Extension of Period for Response.
☐ _____.

The filing fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Small Entity Rate	Add'l Fee	OR	Large Entity Rate	Add'l Fee
Total	75	- [147]**	=	x 9	\$0		x 18	\$
Indep.	5	- [20]***	=	x 43	\$0		x 86	\$
Mult. Dep.			=	+ 145	\$0		+ 290	\$
TOTAL					\$0	OR	TOTAL	\$

☐ First Presentation of Multiple Dependent Claim (MDC)

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

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Application No. 10/027,906

- [X] Applicant(s) is/are entitled to small entity status in accordance with 37 CFR 1.27.
- [] A check in the amount of \$00 is attached. The Commissioner is hereby authorized to charge payment of any fees under 37 C.F.R. § 1.16 for presentation of extra claims or credit any overpayment to Deposit Account No. 16-0631.

Respectfully submitted,



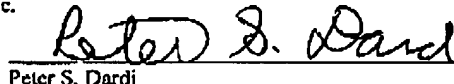
Peter S. Dardi, Ph.D.
Registration No. 39,650

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.

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March 31, 2004
Date


Peter S. Dardi

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